

cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs, require prompt and constant attention. Dr. Daniel Lewis, (*Journ. Cutaneous and Venereal Diseases*, September, 1885) condemns the use of old lead and opium wash as a vile smelling and appearing preparation, and one which he believes to be very little more efficacious than plain cold water. He further believes that the solution of carbolic acid and oleic acid, in the proportion of 1 to 8, as proposed by Dr. Jacobi, has also the disadvantage of causing considerable irritation of the healthy skin, besides being extremely disagreeable to the patients. Dr. Lewis believes that the object to be aimed at is the use of some dressing which will combine compression of the part together with exclusion of air, and while collodion fills this indication, ordinary white-lead paint is in his opinion much more satisfactory. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride. The pure white lead of the shops is likely to dry too slowly, and it is, therefore, advisable to add some "dryer" as in ordinary painting, which in no way changes the effect of the application.*

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. Dr. Lewis states that he has frequently employed this mode of treatment, and that it serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases. *Therapeutic Gazette*.

PHOSPHIDE OF ZINC IN DYSMENORRHOEA AND STERILITY.—In Matthew Duncan's lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendance on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly, there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried.

*The composition of this "dryer" is not generally known, as it is a patent preparation. It appears to be some kind of resin dissolved in linseed oil.

Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux in a recent number of the *Gazette des Hôpitaux*. Having found this medicine useful in many cases of dysmenorrhœa, and of amenorrhœa. Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia and neuralgia. He gives two granules of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective. *Med. News*, September 5, 1885.

THE BEST DISINFECTANT FOR THE HANDS.—A thoroughly efficient disinfection of the physician's hands, remarks the *Therapeutic Gazette*, is more than a matter of personal cleanliness: it is an absolutely required, though often neglected, protection of his own person and the safety of his family, friends, and patients. There being no dissenting voice as to the necessity of this by no means irksome precaution, the only question that can arise in this respect is, What method of disinfection insures the greatest success? The present state of bacteriology must convince even the most sceptic and conservative physician that soap and water exercise not the slightest influence over the microbial organisms, and that the true antiseptic agents have to be resorted to.

Forster, of Amsterdam, made some special researches in this field (*Pharm. Centralblatte*, May 28, 1885) with the view of ascertaining the relative worth of carbolic acid, boric acid, chloride of zinc, and iron. He gained the conviction that the ordinarily used two and one-half per cent solution of carbolic acid, and even Billroth's plan to wash the hands in muriatic acid and ten per cent phenol in glycerine, were insufficient to sterilize the hands, that is, prevent microbic growth on them. The only procedure which Forster found absolutely reliable was the one recently recommended by Koch, of Berlin, which consists in a solution of corrosive sublimate having a strength of seven to fifteen grains to two pints of distilled water. The simplicity of the manœuvre and its unquestionable prophylactic power will go far to recommend Koch's wash to the American practitioner.

TIMELY WORDS.—The exigencies of practical teaching in our medical schools tend to hinder any marked attention to the individuality and common humanity of the patient. As a result, there is a rather wide-spread propensity on the part of students and junior practitioners, especially in hospitals, to